

TOWN OF SUTTON
ZONING BOARD OF ADJUSTMENT
Application for Appeal
(please complete in ink only)

This section to be completed by Sutton Town employee receiving application

Rec'd by Initials _____
Date Filed at Town Hall _____

This section to be completed by ZBA assistant receiving application

Case # _____ Hearing Date _____ Rec'd date initials _____
Fees paid: With Application _____ Processing _____
Date Granted/Denied/Withdrawn _____ Date Filed with County _____
=====

This section to be completed by Applicant submitting the application

Please read attached instructions carefully, attach checklist and forward completed forms and fee prior to the
1stth day of the month in which you wish to have your hearing to:
Assistant to the ZBA
Sutton Town Hall
PO Box 487
N. Sutton, NH 03260

Please print in ink or type

Name of Applicant(s): _____

Mailing Address: _____

Telephone: _____

*If owner of property is different than applicant, owner must co-sign the Application for Appeal
Please provide ownership information below.*

Name of Owner of property per town records: _____

Address per town records: _____

Telephone: _____

Required information about the property in question per Town records

Location of Property: Street # _____ Street Name _____

Property Tax Map Numbers _____ Size of property in acres _____

Registry of Deeds: Book # _____ Page # _____

Zoning district (Please Circle one): Residential District **or** Agricultural District

On Page Two Please fill out section 1, 2 or 3 sign and date and submit with checklist

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SECTION ONE: Appeal from an Administrative Decision

The undersigned hereby appeals the (date) _____, decision of determination or requirement of the Building Inspector, the Board of Selectmen, Health Officer or other town official regarding the administration or enforcement of the Sutton Zoning Ordinance in relation to Article_____, Section _____, of the Sutton Zoning Ordinance. (Describe the decision being appealed on a separate sheet, please.)

or

SECTION TWO: Application for Special Exception

The undersigned hereby requests a special exception in accordance with Article _____, Section _____, of the Sutton Zoning Ordinance in order to:
(Describe present and proposed use in detail: use separate sheet of paper if necessary)

or

SECTION THREE: Application for a Variance

The undersigned hereby requests a variance to the terms of Article_____, Section_____ of the Sutton Zoning Ordinance and asks that said terms be waived to permit: (Describe present and proposed use in detail: use separate sheet of paper if necessary)

The undersigned believes that the following circumstances exist which prevent the proper enjoyment of his/her land under the strict terms of the Sutton Zoning Ordinance and therefore an unnecessary hardship exists: (Describe the circumstances on a separate page)
The undersigned agrees to a site visit by one or more of the members of the ZBA.

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Applicant Signature: _____ Date: _____

Property Owner Co-signature _____ Date: _____

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Abutter List:

Lot # _____ - _____
Name _____
Address _____
City, State Zip _____

Lot # _____ - _____
Name _____
Address _____
City, State Zip _____

Lot # _____ - _____
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